U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4342.	2. Fiscal Year Covered From:		
, - , ,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name CLIFFORD E SOLOMON	Name CONST. & GENERAL LABORERS LOCAL UNION NO. 264		
	Labor Organization File Number 018-798		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 103		
Street 1101 East 87th Street	Street 1101 East 87th Street		
City KANSAS CITY	City Kansas CITY		
State Missouri ZIP Code + 4 64131-2757	State Missouri ZIP Code + 4 64131-2757		
5. Position in labor organization. AUDITOR			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name		I have nothing to report		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b. Amount.		
Street				
City			\$0	
State	ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Olland Scham	On	08/10/2005	816-361-1000		
		Date	Telephone Number		

Name of Person Filing CLIFFORD SOLOMON	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City State ZIP Code + 4				
	44 - Natura of such dealing			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. I have nothing to report			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street				
City	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.			
State ZIP Code + 4	I have nothing to report			
	12.b. Amount. \$0			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment			
(including trade name, if any). Name	I have nothing to report			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			